

Check A Box
Patented Specimens

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 1 (75))

SERIAL NO.

FILING DATE

09/19/36 074

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		2				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		2				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21	1					
22						
23						
24						
25						
26	1					
27						
28	1					
29						
30						
31						
32						
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41						
42		14				
43		14				
44		14				
45		14				
46		14				
47		14				
48		14				
49		14				
50		14				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		14				
52		14				
53		14				
54		14				
55		23				
56		23				
57		23				
58	1	1				
59		1				
60	1					
61						
62						
63						
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69						
70	1					
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83						
84						
85						
86						
87		13				
88	1					
89						
90						
91		3				
92	1					
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE CO

Check A Box
Patented Specimens

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 175)

SERIAL N .

FILING DATE

APPLICANT(S)

0979360

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
107						
108						
109						
110	1					
111						
112						
113						
114						
115						
116						
117	1					
118						
119						
120						
121						
122						
123						
124	1					
125						
126						
127						
128						
129						
130						
131						
132						
133	1					
134						
135						
136						
137						
138						
139						
140	1					
141						
142	1					
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.	6					
TOTAL DEP.	54					
TOTAL CLAIMS	60					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51												
52												
53												
54												
55												
56												
57												
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99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

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Charles A. Bon
Paralegal Specialist

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 75)**

SERIAL NO.

091936074

FILING DATE

APPLICANT'S

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
01						
02						
03						
04						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY